Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

March 1, 2010
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SASKATCHEWAN FORMULARY BULLETIN

Update to the 59th Edition of the Saskatchewan Formulary

New Full Formulary Listing Effective March 1, 2010:

Atacand Plus (candesartan cilexetil/HCTZ) 32mg/12.5mg and 32mg/25mg, tablet (AST)

New Exception Drug Status (EDS) Listings Effective March 1, 2010:

Actonel (risedronate sodium) 150mg, tablet (PGA)
For the treatment of:
(a) Osteoporosis in patients unresponsive to etidronate disodium/calcium (Didrocal) after receiving it for one year.
(b) Osteoporosis in patients intolerant to etidronate disodium/calcium (Didrocal).
(c) Osteoporosis in patients who have pre-existing and/or recent fractures, and:
(d) Glucocorticoid-induced osteoporosis in patients who have received systemic glucocorticoid treatment for at least 3 months.

Prezista (darunavir) 400mg, tablet (JAN)
For the management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

New Interchangeable Full Formulary Listings Effective February 1, 2010:

Novo-Salbutamol HFA (salbutamol SO4) 100mcg/dose, metered dose inhaler (NOP)

NuvaRing (ethinyl estradiol/etonorgestrel) 2.6mg/11.4mg, slow-release vaginal ring (SCP)

New Interchangeable EDS Listings Effective February 1, 2010:

CO Olanzapine ODT (olanzapine) 5mg, 10mg, 15mg, orally disintegrating tablet (COB)
According to the current EDS criteria.

Sandoz Olanzapine ODT (olanzapine) 5mg, 10mg, 15mg, orally disintegrating tablet (SDZ)
According to the current EDS criteria.

Suboxone (buprenorphine/naloxone) 2mg/0.5mg, 8mg/2mg, sublingual tablet (SCP)
For treatment of opioid dependency in patients for whom methadone is contraindicated, (e.g. patients at high risk of, or with QT prolongation, or hypersensitivity to methadone).

New Interchangeable Full Formulary Listing Effective December 4, 2009:

pms-Fluphenazine (fluphenazine HCl) 5mg, tablet (PMS)

New Interchangeable Full Formulary Listing Effective December 1, 2009:

pms-Ramipril (ramipril) 1.25mg, 2.5mg, 5mg, 10mg, capsule (PMS)

New Interchangeable EDS Listings Effective December 1, 2009:

Apo-Olanzapine (olanzapine) 2.5mg, 5mg, 7.5mg, 10mg, 15mg, tablet (APX)
According to the current EDS criteria.

Novo-Lansoprazole (lansoprazole) 15mg, 30mg, capsule (NOP)
According to the current EDS criteria.

New Hospital Benefit Drug Listing:

Plavix (clopidogrel) 300mg, tablet (BMY)

Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch
2nd Floor, 3475 Albert Street
Regina, Saskatchewan S4S 6X6
(306) 787-3317
1-800-667-7581

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Saskatchewan
Health
Drug Plan and
Extended Benefits Branch

Formulary & EDS Updates

Pharmacy Information
Bulletin # 470
January 29, 2010

Effective ***February 1, 2009*** the following product was listed as a benefit in Saskatchewan:

Fluphenazine HCl				
pms-Fluphenazine	5mg tablet	00726354	0.1720	I/C

Effective ***February 1, 2010*** the following products will be listed as benefits in Saskatchewan:

Buprenorphine/naloxone				
Suboxone	2mg/0.5mg sublingual tablet	02295695	2.8970	EDS
Suboxone	8mg/2mg sublingual tablet	02295709	5.1321	EDS
Ethinyl Estradiol/Etonorgestrel				
NuvaRing	2.6mg/11.4mg slow-release vaginal ring	02253186	15.6200	
***Olanzapine**				
CO Olanzapine ODT	5mg OD tablet	02327562	1.7873	I/C EDS
CO Olanzapine ODT	10mg OD tablet	02327570	3.5715	I/C EDS
CO Olanzapine ODT	15mg OD tablet	02327589	5.3555	I/C EDS
Sandoz Olanzapine ODT	5mg OD tablet	02327775	1.7873	I/C EDS
Sandoz Olanzapine ODT	10mg OD tablet	02327783	3.5715	I/C EDS
Sandoz Olanzapine ODT	15mg OD tablet	02327791	5.3555	I/C EDS
***Salbutamol SO4**				
Novo-Salbutamol HFA	100mcg/dose MDI	02326450	6.5000	I/C

Exception Drug Status Criteria

Effective ***February 1, 2010,*** the following products will be available for coverage under Exception Drug Status (EDS) according to the currently listed criteria:

Buprenorphine/naloxone, sublingual tablet, 2mg/0.5mg, 8mg/2mg (Suboxone-SCP)
For treatment of opioid dependency in patients for whom methadone is contraindicated, (e.g. patients at high risk of, or with QT prolongation, or hypersensitivity to methadone).

***Olanzapine, orally disintegrating tablet, 5mg, 10mg, 15mg (CO Olanzapine ODT-COB) (Sandoz Olanzapine ODT-SDZ)**
New interchangeable - same criteria as other brands listed in Appendix A, page 245.

Saskatchewan
Health
Drug Plan and
Extended Benefits Branch

Pharmacy Information
Bulletin # 474
February 26, 2010

Formulary & EDS Updates

Effective ***March 1, 2010*** the following products will be listed as benefits in Saskatchewan:

Candesartan cilexetil/HCTZ				
Atacand Plus	32mg/12.5mg tablet	02332922	1.2369	
Atacand Plus	32mg/25mg tablet	02332957	1.2369	
Darunavir				
Prezista	400mg tablet	02324016	10.7497	EDS
Risedronate sodium				
Actonel	150mg tablet	02316838	57.3748	EDS

Exception Drug Status Criteria

Effective ***March 1, 2010,*** the following products will be available for coverage under Exception Drug Status (EDS) according to the currently listed criteria:

Darunavir, tablet, 400mg (Prezista-JAN)
For the management of HIV disease.
This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.

Risedronate sodium, tablet, 150mg (Actonel-PGA)
For the treatment of:

a) Osteoporosis in patients unresponsive to etidronate disodium/calcium (Didrocal) after receiving it for one year.
b) Osteoporosis in patients intolerant to etidronate disodium/calcium (Didrocal).
c) Osteoporosis in patients who have pre-existing and/or recent fractures, and;
d) Glucocorticoid-induced osteoporosis in patients who have received systemic glucocorticoid treatment for at least 3 months.